



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**
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31815 7590 02/05/2003

QUALLION LLC

MARY ELIZABETH BUSH
12744 SAN FERNANDO ROAD
BLDG. #4 P. O. Box 923127
SYLMAR, CA 91392 - 3127

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/842,790	04/25/2001	Alan Ruth	Q112 201/510 US	7336

TITLE OF INVENTION: LITHIUM ION BATTERY SUITABLE FOR HYBRID ELECTRIC VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	05/05/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAPLES, JOHN S	1745	429-094000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

M. Elizabeth Bush
Freilich, Hornbaker
& Rosen
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Quallion LLC

Sylmar, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0921 (enclose an extra copy of this form).

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(Date) 4-28-03

M. Elizabeth Bush, Reg. No. 38,402

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